



STATE AID VOUCHER

SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM

This information is required by authority of Part 821, 1994 PA 451, as amended.

For Grant Period beginning _____, ending _____

CLAIMANT USE ONLY

Law Enforcement Agency		
Name of Treasurer	Name of County, Township or City/Village	
Street Address of Treasurer (or P.O. Box)		
City, State, ZIP		
EXPENDITURE ITEM	EXPENDITURE TOTAL	DNR USE ONLY (Approved)
1. Salaries, Wages & Fringes (from Detail of Expenditures, Page 2)	\$	
2. CSS&M (from Detail of Expenditures, Page 3)	\$	
3. Equipment (from Detail of Expenditures, Page 4)	\$	
4. Less "Receipts" (Insurance, Gas, Tax, Sale of Equipment)	\$	
5. TOTAL	\$	
6. State Aid	\$	

I hereby certify that the above expenditures have been made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources and that the governmental unit listed is entitled to payment of State Aid in accordance with Part 821, 1994 PA 451, as amended, that the above claim is just, true, and correct; that no part thereof has previously been included in a State Aid claim.

_____ Fiscal Officer's Signature	_____ Title	_____ Date
_____ Chief Law Enforcement Officer's Signature	_____ Printed Name of Chief Law Enforcement Officer	_____ Date

DEPARTMENT OF NATURAL RESOURCES USE ONLY

I hereby certify that the above payroll and list of expenditures have been reviewed and that such expenditures when made in accordance with the schedule of authorized expenditures and regulations adopted by the Department of Natural Resources would entitle the governmental unit listed to payment of State Aid in accordance with Part 821, 1994 PA 451, as amended. Such expenditures being certified by the Chief Law Enforcement Officer and fiscal officer payment is hereby approved.

By: _____ Date: _____
By: _____ Date: _____

**Amount of State Aid
Certified for Payment**

\$ _____

FOR DEPARTMENT OF TREASURY USE ONLY

Name of Grant Recipient Audited	Date	Audit Results <input type="checkbox"/> Account in Order <input type="checkbox"/> Refund Ordered \$
Remarks: _____		
<input type="checkbox"/> Refund Received	Date _____	<input type="checkbox"/> Refund Amount _____

Return completed State Aid Voucher with ALL Detail of Expenditure Attachments, by June 30 to:

**SNOWMOBILE LAW ENFORCEMENT GRANT PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**



Michigan Department of Natural Resources
Law Enforcement Division / Grants Management

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Law Enforcement Agency

Date

DETAIL OF EXPENDITURES - SALARY, WAGES & FRINGE BENEFITS

Date Paid	Voucher Number	Employee Name	Hours Worked	Pay Rate	Amount Paid
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL HOURS →					
				TOTAL PAGE 2 →	\$

Sheet _____ of _____

